Public Health Program 2015 Strategy Update (2016-2020)

I. Executive Summary

The last two years have tested the PHP's vision for health and human rights. In 2013, the PHP defined our niche as advancing health and human rights in two distinct but interconnected ways: by advancing the social inclusion of groups that are discriminated against in health;[1] and by increasing transparency, accountability, and participation in health related decision-making. Within this framework, we crafted four program goals related to:

1. Making legal and justice systems more responsive to public health;
2. Challenging health establishments to promote community alternatives to coercion and discrimination;
3. Transforming power dynamics shaping health-related policy and implementation; and
4. Mobilizing and leveraging resources for health and rights.

These newly minted goals were quickly put to the test by multiple developments, including the aftermath of the global economic crisis, the Euromaidan revolution and Russia's incursion into Ukraine, and the largest Ebola outbreak in human history. If in 2013 we observed the end of global commitment to health and rights, in 2015 we see a "new normal" marked by health systems in crisis, donors returning to old models of development assistance, and vulnerable communities increasingly expected to fend for themselves.

In this context, several of the categories of work we proposed under our four goals have changed. For instance, to support the field of harm reduction (Goals 2,4), we are increasingly funding organizations to respond to contractions in international funding by holding national governments accountable for supporting HIV prevention services for people who inject drugs. We are proposing a new program concept on advising governments in crisis on rights-based health reforms (Goals 2,3), with the hope of setting West Africa and Ukraine on a path to increased health access and accountability. In the field of access to medicines (Goal 3), we are supporting campaigners to shift from country-by-country battles over patents and intellectual property to lodge broader challenges to the model of research and development of innovative medicines.[2]

As the external context for our work has evolved, so has our internal structure. In late 2014, we undertook a thorough redesign of our staff Divisions, administrative functions, and budget and strategy operations. Instead of ten discrete initiatives with their own strategies, PHP now has five interdisciplinary Divisions[3] supported by a bolstered Central Division. While teams continue work on PHP's seven Subthemes (Ethnicity and Health Equality, Governance of Health, Harm Reduction, Independent Living and Community Participation, Open Medical Innovation, Palliative Care, Sexual and Reproductive Health and Rights—see Section V), this new structure helps build synergies between Subthemes, increases flexibility in deploying staff to new work, and helps increase strategic coherence and discipline. PHP Subthemes, Divisions, and Categories of Work, including Fields and Concepts, are presented in a one-page diagram in Annex A.

In the next four years, the PHP seeks a series of tangible changes that aggregate to a viable counterweight to current donor trends in health and deepening social exclusion. This means salvaging the global compact that emerged from the AIDS pandemic, putting real resources behind programs to make justice systems work for health, challenging health interventions that push socially excluded people further to the margins, and listening to and supporting communities to hold their duty-bearers accountable.

---

[1] Our priority populations continue to be people who use drugs, people with mental disabilities, Roma, sex workers, and transgender persons. We are currently proposing a new body of work on intersex persons, and are rethinking our strategy on people needing palliative care.

[2] These are illustrative examples and annexes to this update provide a more complete picture of the scope of our program.

[3] Access and Accountability; Community Health and Criminal Justice; Health Law and Equality; Global Financing and Support to the Field; and Media and Narratives.

II. Notable Changes

When PHP submitted our strategy in 2013, West Africa had never seen an Ebola case, and the revolution in Ukraine was almost a year away. These crises sparked immediate needs addressed through Reserve Funds, and longer term opportunities to advise governments at critical junctures in health reform. In section V(b), we outline a new concept to support civil society demands for rights-based health reforms in West Africa and Ukraine and put governments on a path to free primary care and increased access to medicines.

Changes to existing portfolios have also been significant (see Annex B for a summary of outcomes of all portfolio reviews to date). Approval of a hepatitis C treatment priced out-of-reach of millions has forced greater scrutiny of the limits of pharmaceutical-driven innovation, and more commitment by PHP to the field of "open medical innovation." A wave of legislative proposals to criminalize clients of sex workers in Europe, South Africa, and Canada has led to more PHP work to support sex-worker movements and generate evidence on the health and rights benefits of decriminalization. Rising anti-Gypsyism has prompted a strengthened portfolio on work to confront prejudicial attitudes towards Roma in health care.

We have also concluded portfolios where we achieved our aims, or those where we were unable to gain traction. We are exiting the field of palliative care training and have concluded work on early intervention for children with disabilities and on continuity of health services in prisons and pre-trial detention. We have tightened our approach to each OSF region (see Annex C) and phased out work in countries such as Serbia, Kazakhstan, and Tajikistan that did not contribute to a regional or global strategy. A summary of changes to Illustrative Concepts proposed in 2013 is included in Annex D.

III. Field Analysis

Many of the challenges we saw on the horizon in 2013 have since taken root. The Global Fund's experiment with a "new funding model" which allowed a few donors to determine priorities and reduced support to Eastern Europe and Asia is now the "funding model." The xenophobia and scapegoating of marginalized groups that seemed a backlash to news of the European fiscal crisis in 2013 is now routinized. Initial Russian moves to restrict activities of non-governmental organizations have been followed by newer and even more stringent laws, and expansion of Russian military and ideological influence.

In such a context, there are no clear allies or opponents. The United States is simultaneously the leading exporter of "war on drugs" ideology and the leading supporter of lesbian, gay and transgender rights. WHO has been discredited by its failure to respond to Ebola in West Africa, yet it remains a standard bearer for universal health care and harm reduction. The World Bank draws criticism for supporting accountability mechanisms that are top-down and technocratic, as well as praise for putting neglected issues such as mental health on the global development agenda. The Gates Foundation's huge investments in health technology and public-private partnerships have been transformative, yet its emphasis on the biomedical can eclipse attention to human rights concerns or social determinants of health.

These new debates require the PHP to remain flexible in determining partnerships and geographic focus. We continue to look primarily to civil society groups, particularly organizations that give voice to the socially excluded, to help answer key questions about how we can best contribute to the health debates and what reform should look like. Some of our geographic choices in this strategy update include:

- The European fiscal crisis has brought significant social mobilization, and space for us to work with OSIFE, to reframe a debate about access to medicines and medical innovation that had historically been seen as a problem of the Global South.
- Latin America's leadership in drug policy, as well as the rise of stimulant use in the region, has made collaboration with LAP on new harm reduction efforts a PHP priority.

- The traction of our work on deinstitutionalization in Croatia and Roma health in Macedonia has made the Western Balkans an important region for innovative pilots.
- Middle-income countries (MICs) have become a geographic priority for PHP as larger donors prioritize the poorest countries, ignoring the fact that three quarters of the world's poorest billion, and the majority of people with HIV, now live in MICs.

A summary of our approach to each region and work with OSF geographic entities is provided in Annex C.

IV. Program Positioning

PHP's work sits squarely at the intersection of health and human rights. Specifically, we prioritize civil society support to advance health and rights along two tracks: (1) social inclusion; and (2) transparency, accountability, and participation. This dual emphasis continues to distinguish us from other major health donors and actors, and helps us decide what health issues we work on and how. For instance:

- Rather than working on violence against women as a broad public health issue (as WHO would, for example), our commitment to social inclusion leads us to support women criminalized by sex work or drug use to demand access to the same post-violence health services as others.
- Confronted with the failure of medical research and development (R&D) to provide an Ebola vaccine, our commitment to transparency, accountability and participation pushes us to challenge approaches that keep researchers from sharing information and the R&D model itself, rather than to focus on public-private partnerships for new research.

This can make us a controversial funder. With limited resources compared to health heavyweights, our currency comes as much from our willingness to disrupt dominant assumptions and elevate neglected voices as from our grant budgets. Specialized staff, strategic focus, and independence from government funding allow us more influence on health issues than our relatively small budget would indicate.

V. Categories of Work

Since our last strategy submission, PHP has mapped our strategy and budget to the new three-tier OSF Categories of Work structure. All of PHP's work falls under OSF's Health and Rights Theme (Tier 1). PHP work is further subdivided into seven Subthemes (Tier 2) representing our core issues with an average budget of $5.25M per Subtheme in 2015:

1. Ethnicity and Health Equality (encompassing our work on Roma)
2. Governance of Health
3. Harm Reduction
4. Independent Living and Community Participation (encompassing our work on mental health)
5. Open Medical Innovation (encompassing our work on access to essential medicines)
6. Palliative Care
7. Sexual and Reproductive Health and Rights

The relationship between PHP's Theme, Subthemes, Categories of Work, and Goals is depicted in a one-page "at a glance" diagram in Annex A. For illustrative purposes, we present eight Categories of Work here—four fields and four concepts —representing each Subtheme and one-quarter of the PHP's 28 total Categories of Work. For each, we note the estimated budget in 2016 and the PHP goal advanced by the work.

a. Illustrative Fields

Harm Reduction (Estimated 2016 budget: $1,300,000)	
CoW: Harm Reduction : Field	PHP Goals 2 (Health Establishment) & 4 (Funding Environment)

Challenge: The biggest challenge to the harm reduction field today is the sharp contraction in international HIV funding. We are working to leverage private donor support and press international donors to maintain momentum and broaden thinking on the field of harm reduction, which too often has focused narrowly on reduction of blood-borne infection and ignores stimulant use.

Partners: Key grantees are those who are leading national and international discussions to engage new actors in support of alternatives to drug-free/abstinence-only approaches. Our grants include support to an international association (Harm Reduction International) that uses its health credentials and convening power to force discussion among officials and UN agencies on incarceration's role in causing disease; the Moscow-based Andrey Rylkov Foundation that is challenging Russia's ban on methadone at the European Court of Human Rights and through art exhibitions; a UN Special Envoy who uses his credibility as an AIDS doctor to highlight links between bad drug policy and HIV risk; and a Vietnamese organization whose savvy negotiation of government/NGO dynamics has enabled a pilot of a community alternative to compulsory, police-run detoxification. Our field grantees demonstrate a creative vision of how to disentangle health from drug control, often in countries or political environments where most—including we at PHP—are uncertain of how to lead or ill-positioned to do so.

Mode of support: The international funding crisis, and the associated need for groups to intensify dialogue with national governments, is pressing them and us to think about how to simultaneously challenge government inaction and move beyond technocratic solutions to rally community support. Core and project grants, combined with PHP's role as connector and bridge to regional/thematic programs at OSF and beyond, helps members of the harm reduction field to exchange knowledge and feel a part of something greater in their work for increased funding and protection of the rights of people who use drugs.

Independent Living & Community Participation (Estimated 2016 budget: $1,660,000)	
CoW: Independent Living & Community Participation: Field	PHP Goal 2 (Health Establishment)

Challenge: With two decades of practical experience advancing the health and rights of people with mental disabilities and recognized leadership in the region and at the EU level, PHP partners in this field know how to align incentives to reform fossilized institutions while addressing families' concerns and resistance to deinstitutionalization. After wins in Croatia and significant progress in Romania over the past two years, grantees in the field seek to scale up and disseminate best practices, encourage adherence to the European standards in EU countries, and push back against "trans-institutionalization," a process of transferring people from large-scale facilities to smaller, but still restrictive and abusive institutions.

Partners: PHP's partnerships in this field have evolved from the early days, when we struggled to identify national champions, to the emergence of a dozen robust players (e.g., Association for Promoting Inclusion, Validus, European Network for Independent Living). Our grantees have a track record of conceptualizing and modeling community-based alternatives to institutions, building service providers' capacity, developing

relevant curricula, and pushing and supporting governments in their plans to deinstitutionalize.

Mode of support: Our partners face organizational challenges, including leadership transition, funding diversification, and managing the switch from service provider to provider of technical assistance. The PHP supports them by bringing new tools such as cutting-edge media and narrative change techniques, jointly strategizing and helping them build off one another's advocacy strengths regionally and at the EU level, and working to increase the chances that important funding such as EU structural funds—now offered on the condition that they not be used for institutions—flow as intended to community services.

Open Medical Innovation (Estimated 2016 Budget: $1,200,000)	
CoW: Open Medical Innovation : Field	PHP Goal 3 (Power Process)

Challenge: The field of Open Medical Innovation builds on our previous access to medicines work, and refers to the global effort to push for a medical innovation system that fosters scientific advances to respond to priority heath needs and produce appropriate, affordable and accessible health tools such as diagnostics, treatments, vaccines, and medical devices. This requires a shift in focus from traditional treatment activism to overcome intellectual property (IP) and price-related barriers to access, towards the fostering of new thought leadership on public interest-driven innovation and essential health tools as public goods. A particular challenge facing this field is the degree to which the current system is influenced by the pharmaceutical industry, which presses governments and norm setters (e.g., World Intellectual Property Organization) to promote standards and trade agreements that protect their particular approach to research and development (R&D). Large health actors such as the Global Fund and the Clinton Health Access Initiative are also increasingly steering away from previous work aimed at price reduction to more technical questions related to treatment access such as supply chain and market shaping. Going forward, we hope that ours and our grantees' focus on alternative R&D models will not only reframe this debate, but also allow us to rally some of the abovementioned partners.

Partners: While several of the players in this field and our key partners have remained the same as when we last submitted our strategy (Knowledge Ecology International, Health Action International, Trans Atlantic Consumer Dialogue, Médecins Sans Frontières, Public Citizen), they are now capitalizing on the debate on high medicines prices, non-existent two years ago, which has taken root in Europe and the US. New allies are also already emerging, such as the EU Alliance for Responsible R&D and Affordable Medicines which OSF has helped to create. Illustrated once again by the lack of treatments or vaccines for Ebola, there is a growing consensus regarding the limits of the current R&D model to provide adapted and affordable solutions for both the North and the South. This new and broadened scope opens up the door to attract new thought partners and potential allies, such as scientists exploring open source approaches to R&D (e.g. the loose network of experts which emerged out of a PHP-supported Bellagio gathering in 2014) and economists interested in the question of innovation (e.g. M. Mazzucato, author of "The Entrepreneurial State" with whom we are planning a joint expert workshop).

Mode of support: As a specialist voice and advocate for public interest driven innovation, as well as a funder of several of the thought leaders in the field, the PHP will play a catalytic role in growing the field from its earlier focus on IP and access towards new medical innovation models, including bringing other players and funders along through grant making, networking, direct advocacy, and expert workshops. Considering that many of our grantees in this field continue to be institutionally weak, we plan to invest more heavily in areas of organizational health such as leadership, governance, and fundraising. The PHP

will also continue to act as a bridge between different constituencies (CSOs, international NGOs, policy makers, academics, and scientists), and as a field/movement enlarger (e.g., through bringing in new voices such as biomedical researchers and health and innovation economists). We will also explore a possible role in mediating tensions within the access to medicines movement between the new players and the historical ones, who may have different theories of change and diverging views on tactics.

Palliative Care (Estimated 2016 budget: $400,000 – transition strategy)	
CoW: Palliative Care: Field	PHP Goal 2 (Health Establishment)

Challenge: The field of palliative care has reached a critical global milestone in recent years, with palliative care having been included in the Global Action Plan on Non-Communicable Diseases and in the WHO definition of Universal Health Coverage, and supported in a comprehensive resolution of the World Health Assembly. There is much greater recognition of the connections between palliative care and human rights, including but not limited to the right to be free from inhumane treatment through deprivation of pain relief. Due largely to OSF support, the field has grown and strengthened, including national, regional and international palliative care organizations and individual champions. The challenge now is to define what the field needs to translate these wins into greater access and accountability in national and local contexts.

Partners: Much of PHP's prior activity in palliative care focused on education, training, and working with governments through technical assistance. Throughout 2014 and early 2015, PHP exited the field of palliative care training and education with tie-off grants to key partners such as the International Association for Hospice and Palliative Care, King's College London, or the International Children's Palliative Care Network. A challenge and opportunity for the field going forward is that broader coalitions—including disease-focused groups, social rights advocates, mainstream human rights organizations, and affected populations—have not yet been fully engaged. We propose a modest transitional strategy to engage such groups while we assess the needs when it comes to national access and accountability.

Mode of support: We will consult on a new approach to supporting the field, focussed on building civil-society advocacy coalitions and enhancing accountability of the state in a context where palliative care is now firmly internationally recognized. We will select a small number of focus countries, based on objective criteria, in which we will work more deeply to scan the field and develop models of change. Some of this work may be concept-related in addition to support to the field. We are considering the strategic value of engaging in countries such as India, Kenya, Mexico and Ukraine, where civil society is sensitized to the human rights approach to palliative care. Such contexts have seen reform in law, policy, and practice, and there is potential to harness this awareness by supporting civil society accountability efforts linked to participatory national planning, budget monitoring, and engagement with national and international human rights accountability processes. These countries also have greater regional and global resonance when it comes to leveraging their experience to push for reforms to the international drug treaties, which continue to have the effect (if not the intention) of restricting opioid access in the name of drug control.

b. Illustrative Concepts

Changing the Narrative on Roma in Health Care[4] (Estimated 2016 budget: $225,000)	
CoW: Ethnicity & Health Equality : Media & Narratives	PHP Goal 3 (Power Process)
Issue: PHP grantees working to improve health and rights protections for Roma in Central and Eastern Europe have made legal and policy advances, but face increasingly hostility from large segments of the general public and resistance from powerful interest groups. This has created challenges and opportunities in supporting them to confront narratives based on prejudice and conservatism. Research shows that health providers speak of Roma in language that stereotypes and marginalizes them, and that prejudice in health settings is widespread. While legal and advocacy work continues, we hypothesize that shifting the dominant discourse and stories told about Roma can reduce discrimination and improve health outcomes. PHP Approach: Strategies of creative activists, as well as recent insights from fields such as social psychology and cognitive science, are promising. The PHP has access to partners (Center for Artistic Activism, Narativ, Purple States, University of Miami) with skills and expertise in a range of such fields and methodologies—including storytelling, creative activism, narrative medicine, and research into language and framing—which can support grantees. This work has begun with five grassroots organizations in Macedonia, where baseline research on the attitudes of healthcare workers in several municipalities has been undertaken. Grantees are now starting to implement and test a range of innovative approaches to bring about change. Through Salzburg Seminars targeted at sympathetic Roma and non-Roma doctors from the region, we will also explore the potential of the field of Narrative Medicine to examine the assumptions doctors bring to relationships with Roma patients (e.g., that they present late for care because they do not care about their health) and potentially transform that relationship. Results Sought: These are new and relatively untested approaches and we expect a good deal of trial and error, though the baselines should help us measure impact. The outcome of this work is attitude change, which is a measurable but elusive goal. It is likely that the change we are aiming to bring about will take time, and there is some risk that we and grantees will end up doing work similar to what has been done in the past under a new label. We anticipate that with focus and expert support, we will learn lessons useful not just for transformation of attitudes toward Roma, but of use for other groups on which PHP focuses.	

Catalyzing rights-based health reform in countries in transition (Estimated 2016 budget: $400,000)	
CoW: Governance of Health : Access & Accountability	PHP Goals 2 (Health Establishment) & 3 (Power process)
Issue: This is a new concept that responds to developments unforeseen at the time of our 2013 Strategy. Two crises, in Ukraine and West Africa, have highlighted the valuable role that the PHP can play in working to advise governments at critical junctures in health system reforms. Weakened by crisis or newly in power, politicians recognize that health reforms that promise increased access for broad segments of the population can increase their political capital and generate popular goodwill. This work seeks to support leaders at critical moments to help ensure that proposed reforms will place countries on a path to genuinely universal health care, in the process bringing civil society voices forward and winning popular trust.	

[4] This concept is an updated component of a larger concept from our 2013 Strategy on challenging dominant narratives on sex work, Roma, drug use, and essential medicines

PHP Approach: We see our role in this work as catalytic, helping to shift the debate at key moments so that reforms pursued by governments—and developed by larger actors such as the World Bank—include rights-based measures such as scaling up free primary health care services delivered by community health workers, removing all user fees at the point of care for an agreed upon package of universal health services, and investing heavily in improving the availability of quality, low-cost medicines. We do not see ourselves as a long-term funder or implementer of these reforms but as an agenda-setter.

PHP is well positioned to make use of these opportunities to give momentum to rights-based reform. Members of our Global Health Advisory Committee and several new partners have experience working with governments to roll out such reforms (e.g., Martin McKee, Chatham House's Rob Yates, Partners in Health, Last Mile Health), and PHP staff bring additional expertise on essential medicines, domestic resource mobilization, and social accountability. OSF's access to the highest levels of government through Mr. Soros and local foundations add other critical components. For example, the International Renaissance Foundation (IRF) and the PHP have been offering guidance to Ukrainian President Poroshenko and the Ministry of Health through the Health Strategy Advisory Group that we contributed to set up and staff, while continuing to support patients' organizations' demands. This has proven a useful though volatile endeavor, as vested interests have successfully introduced problematic language into the draft reform.

Results Sought: Our specific outcomes differ by country. In Ukraine, we seek a health-reform strategy and implementation plan that follows international standards and evidence on universal health coverage, including a clear plan to overhaul the country's pharmaceutical sector. In West Africa, we seek the adoption and appropriate resourcing of the ten-year health workforce plan (Liberia), the conversion of former Ebola workers into the backbone of a free primary care system (Sierra Leone), and the removal of all user fees at the point of care for an agreed-upon package of services (Guinea, Sierra Leone).

Decriminalization and depathologization on the basis of sexual and gender identity (Estimated 2016 budget: $1,700,000)	
CoW: Sexual & Reproductive Health & Rights : Community Health & Criminal Justice	PHP Goals 1 (Justice System) & 2 (Health Establishment)

This work brings together two concepts in PHP's 2013 Strategy (decriminalization of adult sex work and legal gender recognition of trans*) and incorporates a new, third component on intersex. "Intersex" is a general term used for a variety of conditions in which a person is born with a reproductive or sexual anatomy that does not seem to fit the typical definitions of female or male. These three bodies of work, while all linked by questions of state or medical control over those whose conception of sex and gender they regard as deviant, are implemented with attention to the distinct issues facing each population.

Issue: The last two years have seen both progress and reversals in sexual health and rights. New HIV prevention evidence strongly indicates that decriminalization of consensual adult sex is best practice. In Canada, however, decriminalization of sex work via a Supreme Court decision was set back when Parliament passed subsequent legislation, based on the Swedish approach, to criminalize the client. The European Parliament passed a resolution recommending adoption of the Swedish model, and national governments are now considering such legislative reforms. Our response has been to support community efforts to counter this recent wave of criminalization, using Reserve Funds to advance the debate in the EU. For trans* and intersex people, a key battle surrounds the upcoming 11th revision of the International Classification of Diseases (ICD) at the WHO. Advocacy groups are working to ensure that this compendium of disease definitions, substantially revised only once every fifteen years, will remove "transsexualism" as a psychiatric diagnosis, and also remove classification of disorders which allow doctors to perform intrusive

and irreversible surgeries on intersex infants aimed at "normalizing" their bodies. The 2016 vote is an opportunity to mobilize community voices to feed into the ICD approval process.

PHP Approach: PHP's work on this concept is based on the premise that those most affected by policies and programs should be the ones driving their design, implementation and evaluation. By placing those groups at the center of their advocacy to challenge the unequal power dynamics, we seek to disrupt some of the moral and ideological positions that have separated rights advocates who might otherwise be allies (e.g. sex workers with more mainstream feminists). Enabling sex workers, trans* and intersex people to be active participants in key policy processes has expanded our understanding, and that of other funders, of what is possible, and allowed us to use a combination of tools—grant-making, capacity building, direct advocacy, and fund leveraging—to support those most affected.

Results Sought: Ultimately we seek a number of specific outcomes that aggregate to a counter narrative acknowledging consensual adult sex work as a legitimate form of labor and trans* and intersex identities as non-pathological. These include the decriminalization of adult sex work in countries (Canada, South Africa) and regions (Europe), policy and legislative frameworks that promote progressive legal gender recognition reforms, a World Health Assembly resolution removing diagnosis of trans people from a mental health category, the dropping of at least ten intersex-related diagnoses from the ICD-11.

Expanding Participatory Access to Justice for Socially Excluded Groups as Critical to Health[5] (Estimated 2016 budget: $700,000)	
CoW: Health & Rights : Health Law & Equality	PHP Goal 1 (Justice System)

Issue: There is increasing evidence that appropriately designed access to justice programs, such as paralegal assistance to Roma seeking access to health care, or co-location of legal aid with harm reduction services to deter police harassment, can lead to positive health outcomes. Several opportunities for scale-up of such interventions now present themselves. Both the Global Fund and the US President's Emergency Plan for AIDS Relief (PEPFAR) have adopted strategies or action plans on human rights and specifically sought guidance on how to translate their commitments into access to justice programming. New government-funded legal aid schemes, such as in Ukraine, have the potential to address the needs of our populations by investing in standard-setting, training, and monitoring. The Global Legal Empowerment Network created by OSF grantee Namati presents opportunities to reach implementers and disseminate PHP's forthcoming *Good Practice Guide* on provision of legal services to vulnerable groups, as well as our complementary virtual toolkit with practical resources from the field.

PHP Approach: Having piloted access to justice interventions and medical/legal partnerships for nearly ten years, we aim to stimulate replication of pilot projects through exchange of good practice and production of evidence on the salutary health impact of the approach. In addition to developing the *Good Practice Guide*, we are collaborating with OSJI to build grantees' capacity to document their work, identify systemic outcomes, and link this to advocacy and fund leveraging. In the Roma health sector, we are in the process of assessing impacts of justice services, ranging from increased legal capacity to greater accountability, to effects on law and communities. We have laid the groundwork for a research agenda linking access to justice and health outcomes with five investigations currently underway and have already received some interest in this research from the Global Fund.

[5] This concept is an updated component of a larger concept from our 2013 Strategy on participatory access to justice for criminalized and marginalized groups. It has been refined in part through a Presidential portfolio review from early 2014.

Results Sought: Through this concept (estimated to take at least four years), we seek to move the Global Fund and PEPFAR to become reliable sources of funding for access to justice work in the context of HIV; to have organizations providing technical assistance in this area (e.g. Namati, the American Bar Association) meaningfully incorporate lessons from PHP pilots into their work; to move global norm-setters (e.g., WHO, UNDP, UNAIDS, Special Rapporteur on Health) to affirm the positive health impact of access to justice interventions; and for government-funded legal aid schemes to draw on PHP's experience and make their services more responsive to the needs of the socially excluded.

c. Shared Frameworks

The approval of a Shared Framework on Drug Policy opens up the opportunity for new partnerships across OSF, and new directions for work on harm reduction and drug policy. Particular foci are reform of police practice and law enforcement (police, prosecutors, drug courts), new alliances with faith based leaders and women's/children's rights groups in drug policy issues, and new work in Africa, where harm reduction is nascent or non-existent. This is a medium-term effort (though mid 2017), though we anticipate that work undertaken may surface new allies and directions for harm reduction working going forward.

The proposal for a Shared Framework on Legal Empowerment creates opportunities for PHP to work with others in the network to sharpen approaches to scaling up and replicating models of participatory access to justice for groups marginalized by health status or from the health system.

VI. Optional Last Section

PHP underwent a structural redesign in 2014 to adapt to changes in our field and OSF. We moved from ten divisions to five, enabled staff to take secondary assignments, buttressed central capacity, and revamped outdated administrative processes. PHP is now structured as five interdisciplinary Divisions, which determine staff supervision and spending authority, while the issues represented by our previous Initiatives have largely been recast as "Subthemes" linked to the new OSF Categories of Work. One of our new Divisions, Global Financing and Support to the Field, examines the governance and resourcing of our field with a view to sustaining it beyond OSF.

Over the four year trajectory covered by this strategy, we anticipate shifts in human and financial resources. Our work on medical training and education on palliative care is coming to a close at the end of 2015; while we will continue work on palliative care and rights, this portfolio will shrink. Support for rights-based health reform to governments will have a dedicated program officer, and new budget line, in 2015, and we expect that it will continue to grow. Our new Media & Narratives Division, focusing on work with fewer than half of PHP Subthemes in 2015, may well grow as we learn lessons from that work applicable to other areas. Open medical innovation, a new area of PHP work, will likely require support to new actors, including some universities or think thanks, and we anticipate growth in that area over the next four years. Our global financing budget will also need to grow in order to meet our four year ambitions.

We have also sought new members of our Global Health Advisory Committee (GHAC) to fill longstanding or new gaps (e.g. bioethics, end-of-life care, harm reduction), improve the gender balance, and adjust the geographic footprint to more closely reflect that of our work. After evaluating six potential candidates, OSF has invited three new GHAC members: Dr. Mildred Solomon, President of the Hastings Center; Widney Brown, Director of Programs at Physicians for Human Rights; and Dr. Michel Kazatchkine, the UN Secretary-General's Special Envoy on HIV and AIDS in Eastern Europe and Central Asia. We believe these 3 individuals will contribute to further strengthening the GHAC's deliberations as we continue seeking more members from the Global South.

VII. Annexes

A. PHP Strategy At-A-Glance
B. Outcomes of Portfolio Reviews
C. Regional Trends and Updates
D. Updates and Recategorization of 2013 Illustrative Concepts

Theme	*All PHP work is contained in the OSF Health & Rights Theme*	**Health & Human Rights** **Goal 1:** Justice System; **Goal 2:** Health Establishment; **Goal 3:** Power Process; **Goal 4:** Funding Environment							
Subtheme	*In addition to the Theme itself, PHP works in 7 Health & Rights Subthemes*	**Health & Rights (Theme)**	**Ethnicity & Health Equality**	**Governance of Health**	**Harm Reduction**	**Independent Living & Community Participation**	**Open Medical Innovation**	**Palliative Care**	**Sexual & Reproductive Health & Rights**
Support to the Field	*PHP Fields link to each Subtheme, while PHP Concepts link both to a Subtheme and to one of 5 new staff Divisions*	**Organizations advancing the field of health & rights as a whole (Goals 1,2,3,4)**	**Organizations advancing the field of ethnicity & health equality (Goal 2)**	**Organizations advancing the field of governance of health (Goals 3,4)**	**Organizations advancing the field of harm reduction (Goals 2,4)**	**Organizations advancing the field of independent living (Goal 2)**	**Organizations advancing the field of open medical innovation (Goal 3)**	**Organizations advancing the field of palliative care (Goal 2)**	**Organizations advancing the field of sexual & reproductive health (Goal 3)**
PHP Staff Divisions / Program Concepts	**Access & Accountability Division**			Rights-based health reforms established, budgeted, & monitored by communities **(Goals 2,3)**	National funding allocated to accessible health services for people who use drugs **(Goals 2,4)**		Law & policy reformed, thought leadership developed to increase access to medicines **(Goal 3)**	Social accountability tools deployed to increase palliative care access **(Goal 3)**	
	Community Health & Criminal Justice Division			Local advocacy by sex-worker & drug-user groups shapes Global Fund & PEPFAR allocations **(Goal 4)**	Community alternatives established to punitive approaches to drug use **(Goals 1,2)**				Laws & practices criminalizing & pathologizing based on sexual & gender identity decreased **(Goals 1,2)**
	Global Financing & Support to the Field Division	Private philanthropy leveraged to advance PHP health & rights goals **(Goal 4)**		Health & rights funding increased through large-donor allocations and innovative financing **(Goal 4)**					
	Health Law & Equality Division	Cross-cutting legal strategies and HIV/health-related human rights advocacy strengthened **(Goal 1)**	Health abuses against Roma challenged through legal & social accountability & health scholarships **(Goals 1,3)**	Social accountability & legal empowerment integrated to change power in health decision-making **(Goals 1,3)**	Participatory access to justice expanded as critical health intervention for people who use drugs **(Goal 1)**	Deinstitutionalization & development of community-based mental health services advanced in selected countries **(Goal 2)**		Legal support & human rights accountability integrated into palliative care services **(Goal 1)**	
	Media & Narratives Division	Creative media & communications & storytelling deployed to reframe issues of concern to whole PHP **(Goal 3)**	Training & attitudinal interventions used to transform health workers' attitudes toward Roma **(Goal 3)**		Grants & media production used to emphasize benefits & human impact of harm reduction **(Goal 3)**		Creative campaigning used to challenge link between high medicine prices & innovation **(Goal 3)**		Research & campaigning used to transform attitudes & assumptions about sex work **(Goal 3)**

OSF 2015 Categories of Work Themes, Sub-Themes & Glossary

Theme	Sub-Themes	Explanations/Definitions
Health & Rights		Includes support to overarching justice and health grantees, work related to human rights in patient care, and on critical health issues, such as HIV or TB, which do not fit within the other subthemes
	Ethnicity & Health Equality	Reducing health disparities and barriers to health access on the basis of ethnicity or migrant status
	Governance of Health	Refers to strengthening transparency, accountability, and participation in both domestic and global decision-making related to health, including health financing, systems, budgets, allocations, laws, and policies
	Harm Reduction	Advancing health and rights by reducing harms related to drug use
	Independent Living & Community Participation	Measures to facilitate the full inclusion and participation in the community of persons with intellectual disabilities and mental health problems, including their choice of residence, support services, and enjoyment of community services on an equal basis with others
	Open Medical Innovation	A system of medical innovation that produces needed and accessible health tools, such as diagnostics, treatments, vaccines, and medical devices
	Palliative Care	Holistic, comprehensive care for people with life-limiting illness
	Sexual & Reproductive Health & Rights	Efforts to secure the rights of all people, particularly women and people marginalized or criminalized on the basis of sexual and gender identity such as sex workers and trans*, to decide on all matters related to sexuality, sexual health, and reproduction, free of violence, discrimination and coercion. Includes initiatives to reduce the very high levels of maternal mortality in parts of the world through coalition building, litigation, documentation, etc.

Public Health Program: Outcomes of Portfolio Reviews

Portfolio Review Topic & Date	Review Level	Lead Staff Contact(s)	Global Board Member Present (if applicable)	Outcomes
The one-third threshold: practice and impact (March 27, 2015)	GHAC	Ralf Jurgens, Raluca Bunea, Naomi Burke-Shyne, Anna Kirey		1. As staff conversations with organizations about reducing dependency on OSF funding have become more explicit and intentional, we need to refine our thinking about which strategies work better than others to support grantees' efforts to diversify funding, and related implications of the 1/3 funding threshold for PHP's broader fund leveraging work. 2. We need to document efforts made by our grantees to diversify funding and their impact (or lack thereof), and learn from those, as there is a risk that some grantees, given the environments in which they operate and/or the issues and populations they focus upon, will fail to attract other donors to their work or attract donors who compromise their mission. 3. Whether organizations that have succeeded in decreasing their dependence on OSF funding increase their prospects for longer term independence and sustainability will also warrant monitoring. Some grantees appear to be running the risk of exchanging dependence on OSF for dependence on other donors that may be less interested in advocacy, longer-term organizational development, or field-building. 4. Exceptions to the one-third threshold may be easier to justify in the context of a broader analysis of the architecture of a field, PHP's strategy for supporting that field, and the grant-seeker's role in the field.
Harm reduction in Eastern Africa (a review of the joint OSIEA-PHP harm reduction work from 2008 – 2014) (March 21, 2015)	OSIEA Board	Jaki Mbogo		1. We need to pay greater attention to review and discussion of evidence for harm reduction (and on the limits of longstanding abstinence only efforts) in the African context. 2. There is a need for greater attention/visibility to African (rather than imported) voices of support. 3. Exploration should be undertaken to assess possible expansion in Tanzania, a priority for OSIEA and a country with substantial harm reduction needs.

Whose rights matter? When patents stand in the way of access to medicines (March 4, 2015)	Presidential	Els Torreele & Roxana Bonnell		1. Overcoming access and patent barriers for medicines is deeply linked to changing the model of medical innovation, and this involves taking the longer view and developing a two-decades-long strategy for OSF. 2. For such a strategy to work, it will be crucial to focus on broadening the movement, as well as strategically and institutionally strengthening grantees and partners.
Health media (November 14,2014	GHAC	Brett Davidson, with reflections from Vinay Viswanatha and Tamar Ezer	Maria Cattaui	1. We could do more work looking at media as a site of power imbalances related to public health, where some voices and perspectives are privileged over others. 2. There would be value in investing in research to build more of a knowledge base in order to understand when and under what conditions approaches such as storytelling, video, or creative campaigning work best.
A portfolio review of PHP global grantees – what have we learned of what works and why (November 13, 2014)	GHAC	Presenters: Jonathan Cohen, with Ralf Jurgens, Sarah Evans, Els Torreele, Vinay Viswanatha	Maria Cattaui	1. While the influence and relevance of global actors and mechanisms for the field of health and rights has declined, they still have a role to play in PHP's strategy to influence global norms and to help socially excluded communities advocate in a more institutionalized and effective way in global decision-making spaces. 2. We should pay greater attention to questions of governance and representation for networks that we support, and be clear about the role(s) we expect these networks to play. 3. Global vs. local tensions or conflict within movements about advocacy priorities and policy positions cannot be solved by PHP as a donor, but should be monitored carefully, and grantmaking should take into account potential unintended consequences of supporting groups and voices that are at odds with one another.
Promoting the right to live in the community: a review of OSF's large-scale deinstitutionalization work in Croatia, 2005-2014 (October 21, 2014)	MHI Advisory Committee	Judith Klein		1. It can be extremely challenging and perhaps not the best use of efforts to relentlessly push forward the transformation of a residential institution when its leadership is strongly opposed to change, even when the change is mandated by a Ministry. 2. We need to readjust our approach to be more opportunistic and work with other residential institutions whose management is ready, willing and able to take on the challenge of their transformation into community-based service providers.
The Global Fund and beyond: securing financial resources	Presidential	Krista Lauer and Heather Benjamin		1. We should broaden our focus on shaping the trends of large donors beyond a singular focus on the Global Fund to Fight AIDS, TB and Malaria, and seek to capitalize on new commitments to human rights at PEPFAR.

Links, where available, provide access to the full Outcomes Summary of each portfolio review, posted on KARL.

* Sensitive portfolio—summary available upon request.

for health and human rights (October 9, 2014)				2. On innovative financing, we could see the Robin Hood Tax campaign in favor of a financial transactions tax through to its expected outcome, but then shift to an analysis of the ethical and human rights impacts of trends in innovative financing, rather than funding campaigns in favor of specific financial mechanisms. 3. We should undertake a reflection on our private fund leveraging efforts to date and plan to use it as a starting point to reflect and craft PHP's strategy in this area.
Roma health (June 12, 2014)	Internal	Alina Covaci, Maja Saitovic		1. We need strategies to address the new generation of threats our most successful partners face - namely the risk of becoming co-opted into EU or government "lapdogs," the risk of EU funding compromising their nimbleness and advocacy orientation, and rising anti-Gypsyism in the region. 2. These new strategies may include greater investment in attitude change, partnerships with non-Roma organizations addressing discrimination and xenophobia, and more concerted efforts to diversify funding for advocacy. 3. We need to align our Roma Health efforts and position our work in terms of the three new OSF-wide Roma goals.
Decriminalization of sex work (June 6, 2014)	GHAC	Anne Gathumbi, David Scamell		1. We need to consolidate evidence that supports decriminalization of consensual adult sex work and build arguments against abolitionism/the Nordic model. 2. We need to expand the work on decriminalization of consensual adult sex work to Europe where calls for adoption of the Swedish model of criminalizing the client are gathering momentum and endangering our global efforts.
Access to justice for people living with HIV, sex workers, and people who use drugs in Kenya, South Africa, Ukraine, and Russia (March 26, 2014)	Presidential	Tamar Ezer, Ralf Jürgens		1. We need to increase our efforts to build grantees' capacity to document their work, linking it to advocacy and fund leveraging. - 2. We need to use the upcoming *Good Practice Guide* to reflect on effective practices and components critical to success in different contexts. 3. We need to explore more deeply the extent to which government-funded legal aid schemes can address the needs of socially-excluded and criminalized populations through standard-setting, training, and monitoring; to apply lessons from initial efforts to interest other funders in this work; and to explore potential support from Ministries of Health for projects in the context of HIV and palliative care.

Links, where available, provide access to the full Outcomes Summary of each portfolio review, posted on KARL.

* Sensitive portfolio—summary available upon request.

Police, sex workers & people who use drugs - what alliance? (March 14 2014	GHAC	Sanjay Patil		1. We need to actively engage with macro police reform efforts (DFID in Kenya, EU in Moldova) and explore existing literature on the issue of police incentives.. 2. We need to monitor the methadone roll-out on the Kenyan Coast to see what opportunities lie in working more with health providers to make the case to police that heavy-handed tactics are counter-productive.
A hepatitis C portfolio discussion: can we challenge the status quo and make treatment available? (November 22, 2013)	GHAC	Azzi Momenghalibaf		1. We need to re-focus hepatitis C efforts in middle income countries and put emphasis on patent oppositions and other challenges to the dominant mode of medicine marketing, where drugs are priced at what the market can bear rather than what will benefit the public in need; 2. We need to diminish attention/activity at WHO and other international forums, where the field is increasingly occupied by other actors.
"A new dawn in Ukraine" -- A portfolio review of grants and activities to advance access to oral morphine in Ukraine (April 12, 2013)	GHAC	Victoria Tymoshevska (IRF), Mary Callaway, Lydia Guterman		1. In relation to advancing access to oral morphine, we should seek to maximize the benefit of the change in regulation to allow oral morphine by advocating for prescription of opioids for pain and addiction through family physicians.

Links, where available, provide access to the full Outcomes Summary of each portfolio review, posted on KARL.

* Sensitive portfolio—summary available upon request.

Annex C: PHP Regional Trends and Updates

To assist with coordination and collaboration with regional offices and national/regional foundations, below we outline significant trends and updates in the PHP strategy for each OSF region where we are active.

As anticipated in our last submission, the ongoing crisis in **Europe**, including anti-European sentiment, xenophobia, populism, "austerity" cuts and overall fracturing of the social compact, have made the region ripe for increased investment. In the past two years, we have increased our work in Western Europe, allying with OSIFE and new partners to fight back against attacks on the right to health in Spain (e.g. Medecins du Monde, Salud por Derecho) or working to crystallize a new European coalition demanding changes to the medical R&D model. We have in the meantime phased out work with limited traction in Serbia and Bosnia-Herzegovina.

We will continue to seize political momentum in **Latin America**, which represents a counterweight to the US on issues such as drug policy/harm reduction and access to medicines, in addition to being home to a number of middle-income countries which are subject to a retreat by international donors such as the Global Fund. In the past period, we and the Latin American Program have used Reserve funds to cement community-driven harm reduction programs, help local NGOs become key partners in provision of technical assistance and policy/programmatic experiments, and secure government support in places such as Brazil and Colombia.

New leadership in the **Asia-Pacific** Regional Office (APRO) and the new **India** Program, headed by a former PHP staffer, have opened up opportunities, including that of working in India for India's sake. We are gradually moving from a model of solely using India's positioning and resources for the benefit of others (e.g. the "pharmacy of the developing world", pioneering models of community monitoring with application in Europe) to work in India on access to medicines for Indians, for example, as well as decriminalization of Indian sex workers and social accountability in India's health system. Asia is also home to a number of middle-income countries and thus remains a priority for our ongoing work on harm reduction, sex work, and access to medicines, and we are part of a discussion APRO has just initiated on migration in Asia. We continue in Burma to support rights-based reforms in health and are, together with the Burma Project, carefully monitoring the fate of the "transition" in the run-up to Presidential elections.

We have begun rebalancing our work in **Africa** to be more in tune with OSF's regional (as opposed to foundation-by-foundation) approach and needs on the continent. Ebola has brought PHP into West Africa for the first time since 2006, with a new promising collaboration with OSIWA and AFRO. Meanwhile, we are exploring with OSIEA expansion of work in East Africa outside of Kenya, while reducing the number of countries we work in Southern Africa. Health and human rights in **South Africa** are, like the country itself, at a crossroads: after recovering from years of AIDS denialism and beginning to scale up HIV treatment, the country now faces the potential collapse of its health system due to corruption and mismanagement. The return of the International AIDS Conference to Durban in 2016 will be an important opportunity to draw global attention to this crisis.

We continue to tighten our focus in **Eurasia** as described in our 2015 budget submission. Traditionally the area of greatest investment for PHP, work in Eurasia will now focus on challenging **Russian** hegemony (harm reduction/human rights and LGBTI work in Russia and neighboring countries) while investing most heavily in the post-Soviet countries where we can get the most traction on open society issues (mental health in Georgia, for example) rather than doing a little bit of everything in every country. This will mean

reduced work in countries such as Armenia, Moldova, and Kyrgyzstan. **Ukraine** remains top priority in this region though we anticipate reprioritizing in light of the political and military reality, and the character of the work has already changed with new investments in the HealthSAG and potential new work on internally displaced persons.

Work in the domestic **United States** continues to focus on harm reduction and drug user advocacy with international resonance, including ongoing efforts (with OSI-DC) to rally support for repeal of the federal ban on needle/syringe exchange, advocacy with the President's Emergency Plan for AIDS Relief (PEPFAR) to support health and human rights interventions critical to the HIV response, and influential reforms of law enforcement, harm reduction that help shift US stance on drug policy and health in international forums

Finally, there are a number of countries where our grant making was primarily in response to an internal OSF demand but did not necessarily meet PHP's strategic parameters and stretched our capacity. This has at times led to unsatisfying bodies of work and our being spread too thinly. We have undertaken phasing out these threads of work over time, and in some cases repositioning ourselves as technical support to foundations' efforts, away from jointly co-funding work. As a result we have ended all work in Kazakhstan and Tajikistan (though agreed to advise the Tajik Foundation on migration and health rights issues facing returnees from Russia); ended piecemeal heath media work in Kyrgyzstan and Georgia; exited from Serbia; and further reduced our work in Moldova by concluding our efforts on de-institutionalization and reducing all other activities expect when advancing the PHP global portfolio needs (e.g. a grant on policing and public health).

Annex D: Updates and Recategorization of PHP 2014-2017 Illustrative Concepts Proposed in 2013

Goal 1 – THE JUSTICE SYSTEM To challenge laws, law enforcement practices, and denial of access to justice that worsen health outcomes, and to make the justice system more responsive to issues that affect public health.				
	2013 Illustrative Concept	**New Categor(ies) of Work**	**Key contextual developments & progresses to date**	**Next steps**
1.1	**Laws impacting access to addiction and pain treatment reformed in Ukraine**	Health & Rights : Palliative Care : Health Law & Equality Health & Rights : Drug Policy Shared Framework	- Conflict with Russia, political changes in multiple ministries (inc. reformation of State Drug Control Services and loss of key ally there), and demands of coping with IDPs have made meanigful advances difficult.	**Work in this concept will be revisited/phased out**: - Work on legal framework for illicit opiods will be pursued through the UNGASS 2016 shared framework; - Reduction/cessation of harm reduction activities in this concept; - Feasibility of pain treatment activities to be re-assessed by IRF.
1.2	**Adult sex work decriminalized in Canada, South Africa**	Health & Rights : Sexual & Reproductive Health & Rights : Community Health & Criminal Justice	- Canada: visible strengthening of sex worker movement through their organizing and lead advocacy role in the Bedford case. - SA: more civil society organizations and new allies coming out in in favor of decriminalization (SANAC sex worker program; CGE position paper; growing interest from COSATU, ANC Women's League and other key political stakeholders). - Regressive resolution passed in Europe advocating client's criminalization (Honeyball Res.) which could affect decriminzalition efforts overall. - New evidence (Lancet) demonstrating decriminalization of sex work has the single greatest potential to reduce HIV infections in female sex worker communities.	**Concept remains relevant, will be continued with necessary adjustments:** - Canadian Partners (e.g. Pivot) to adjust strategy to adress re-criminaliaation subsequent to the Bedford Decision; - While initial concept targeted SA/Can, revision proposed to incorporate work underway in Europe to push back against new wave of harmful laws (efforts funded through OSF reserves but will require LT support); - Following PR with GHAC, explore deploying similar efforts in locations where the conjunction of HIV & sex work makes the need for reform compelling and pressing (e.g. Kenya).
1.3	**Police practices reformed to improve health of people who use drugs & sex workers in Kenya, Kyrgyzstan, Ukraine**	Health & Rights : Harm Reduction : Community Health & Criminal Justice Health & Rights : Sexual & Reproductive Health & Rights : Community Health & Criminal Justice	- Conflict in Ukraine has required reassessment of PHP/IRF work on policing. - Shared framework UNGASS 2016 has opened up new avenues for work on reforming police practice vis-à-vis marginalized populations in Latin America, Tanzania and India. - Realization of the crucial role prosecutors play in the administration of justice and influencing police priorities. - Increase exportation of drug courts model from the US merits scrutiny in Latin America and Asia. - Violence against women criminalized by sex work or drug use has emerged as a related but distinct concern meriting its own portfolio of work.	**Concept remains relavant, will be continued with necessary adjustments and development of a spin-off portfolio on violence against criminalized women:** - Reduction of emphasis on Ukraine; exploration of new opportunities in Latin America, Tanzania and India; - Expansion of the concept to include prosecutors; - Look into and fight back against the US exportation of drug courts; - Development of a new portfolio of work, discussed and substantially refined at GHAC "portfolio preview," on equal access to health services, including post-violence services, for criminalized women.
1.4	**Alternatives to detention and continuity of treatment legislated in Armenia, Kenya, and Ukraine**	Health & Rights : Harm Reduction : Community Health & Criminal Justice	- Work in prisons and on legislative change in Kenya and Ukraine has been limited, and if pursued in Armenia, largely done without inputs from harm reduction groups. - While some support continues to Armenian grantees engaged in this work, this is now primarily through the frame of HIV and equality.	**End work in 2015, acknowledging no traction**

1.5	**Participatory and inclusive access to justice for socially excluded and criminalized groups supported as crucial to health**	Health & Rights : Health & Rights : Health Law & Equality Health & Rights : Harm Reduction : Health Law & Equality Health & Rights : Sexual & Reproductive Health & Rights : Community Health & Criminal Justice Health & Rights : Palliative Care : Health Law & Equality	- Good practice models/lessons have been identified, refined, and documented. Dessimination efforts underway with Namati and the Global Legal Empowerment Network. - Access to justice projects have seen important wins: reduction in health facilities charging Roma illicit fees / confiscating identify documents in Macedonia; structural changes to health care insurance regulations benefiting Roma; in Nairobi, sex workers affiliated with access to justice programs have stopped paying bribes to the police, and the police have become more cautious about arresting them. - The groundwork has been laid for a research agenda linking access to justice and health outcomes and 5 investigations are under way. - While we have had some success linking particular grantees to new funders, fund leveraging for this work is moving slowly. - Given the context in Russia and Ukraine, work on access to justice for people who use drugs has decreased to only a few strategic grants. PHP has terminated work on Access to Justice for Roma and eixted Serbia.	**Concept remains relevant, will be continued with necessary adjustments:** - The Presidential PR surfaced the need for greater emphasis on documentation and assessment. We are developing a collaboration with OSJI to build grantees' capacity to document their work and link it to advocacy and fund leveraging; - The PR also raised the potential for government funding outside the Ministry of Justice. - PHP will deepen its exploration of the extent to which government-funded legal aid schemes can address the needs of socially-excluded and criminalized populations through standard-setting, training, and monitoring; it will aslo explore funding outside the Ministry of Justice, and specifically, potential support from Ministries of Health for projects in the context of HIV and palliative care.
1.6	**Whose rights matter? When patents stand in the way of access to medicines**	Health & Rights : Open Medical Innovation : Access & Accountability	- Recent efforts by the US government to put pressure on the new Indian government to strengthen IP laws. - New momentum building in South Africa and Brazil for patent law reforms. - As technical arguments have not found traction with decision makers, we have begun to refocus our efforts on promoting a dicsussion on the high prices of medicines and the need for a different medical innovation system. - While there has been little potential for leveraging additional financial support for this work over the last four years, UNITAID has appeared as a new funder in this space.	**Concept remains relevant, will be continued with necessary adjustments:** - Presidential Portfolio review highlighted that overcoming access and patent barriers for medicines is deeply linked to changing the model of medical innovation, and that this involves a long-term, minimum two-decades-long strategy for OSF. In this longer term strategy, it will be important to focus on broadening the movement, as well as strategically and institutionally strengthening grantees and partners. - No traction/few and weak partners in Peru, Thailand, Vietnam, Uganda and Burma, from which we have decided to exit to concentrate our promising work in Argentina, Brazil, India, and South Africa; - Plans to deploy more efforts on donor cultivation (inc. UNITAID) for rest of the strategy period.

Goal 2 – THE HEALTH ESTABLISHMENT To expose and challenge abuse, coercion, discrimination, and exclusion in health settings, and to promote community-driven and community-based alternatives.				
	2013 Illustrative Concept	**New Categor(ies) of Work**	**Key contextual developments & progresses to date**	**Next steps**
2.1	**Forced drug treatment and detention ended in Latin America**	Health & Rights : Harm Reduction : Community Health & Criminal Justice	- Concept always included significant work to pilot community-based alternatives, and significant work outside Latin America. - Advocacy and technical assistance (TA) for pilot services (when there is a reasonable expectation of government support, and when TA provision to government can be routed through a strong, advocacy-oriented community based organization) has proven among the most impactful areas of our work in this concept. - Increasing interest in Latin America on using currently illicit (non-harmful) drugs/plants to address effects of more harmful illicit substances (e.g., marijuana to mitigate crack withdrawal).	**Concept remains relevant, will be continued with necessary adjustments:** - Modify concept scope to include piloting of community-based harm reduction services; - Explore medical use of illicit substances, which is potentially paradigm-changing; - In keeping with Mr. Soros's request, provide technical support for harm reduction in Afghanistan and Burma. Continue work to support alternatives to drug detention in Vietnam and Brazil where some government support is also available.
2.2	**De-pathologized standards of care for transgender people implemented in Russia, South Africa**	Health & Rights : Sexual & Reproductive Health & Rights : Community Health & Criminal Justice	- The removal from the draft International Classification of Diseases (ICD) of psychiatric diagnosis for transgender individuals was a major achievement in 2014 (pending approval by World Health Assembly in 2016). - Training for EECA region trans* activists to engage with medical professionals to serve as advocates/allies for ICD and legal gender recogniction (LGR) reforms, and human rights based medical care is emerging as a promising strategy, which could be expanded to Southern Africa. - Report and video on LGR have been a big advocacy succes, with requests from groups around the world to translate the resource into multiple languages. - Report on status of trans* funding supported by OSF and Arcus has been finalized and will be an advocacy tool for fund leveraging. - Emergence of global intersex movement with related and sometimes overlapping rights claims has opened a new opportunity to expand this portfolio.	**Concept remains relevant, will be continued with necessary adjustments**: - Need to step up efforts to identify and mobilize influential voices at country level, particularly from global South and East, that can feed into the approval process for the new ICD, and support progressive legal gender recognition reforms; - Attracting funding to the field remains a key priority, with a convening is being planned for May 2015 to explore staretgies to secure additional funds for trans work globally; - The intersection between drug detention and forced sterilization/desexualization of transgender men in Latin America is a possible point of building synergy. - Concept to expand to include intersex issues, with a focus on organization and movement building, recognition of human rights claims by international norm-setters, and dropping of ten intersex-related diagnoses in ICD that can lead to invasive surgery and medical experimentation.

2.3	**Treatment for hepatitis C secured for 10,000 people in low/mid-income countries**	Health & Rights : Harm Reduction : Access & Accountability Health & Rights : Open Medical Innovation : Access & Accountability	- By the end of 2016, we will have exceeded our goal of securing treatment for 10,000 patients in the countries defined. Over 2,000 patients have already received treatment in Ukraine (including people who use drugs), over 20,000 patients are to receive treatment with the new drugs in Georgia in 2015 and 2016, and in Thailand, the government has already treated 2~3,000 patients. All of these treatment courses are to be procured at around 50-90% reduced price. - While this is a great win, pharmaceutical companies such as Gilead have been quite effective at promoting a 'pharma-led access strategy' that denies access to 50 million patients living in middle-income countries. In Europe and the United States, high prices are leading to rationing, also attracting ample media coverage and protests.	**Concept achieved, refining next concept to focus on MIC excluded from price reductions:** - Will focus on supporting advocacy for excluded middle-income countries such as Thailand, China, Ukraine, Georgia, Brazil, Argentina, and possibly others to promote access through the use of TRIPS-flexibilities (including patent oppositions and compulsory licenses) and generics (import or local production); - Will focus on including drug user access and prioritization in policies, guidelines, and protocols; - With around 180M people infected with HepC, never have so many people needed a medicine and been denied access to it because of its price, creating an opening to link high medicine prices to the overall failing medical innovation model. This work (mostly captured in illustrative concept 3.4) will involve a significant effort in Europe, India, Brazil, Thailand, and possibly some future work in the US.
2.4	**Denial of palliative care overcome in countries with rising non-communicable diseases (NCD)**	Health & Rights : Palliative Care : Access & Accountability	- Palliative care included in indicators for NCD action plan but this has not yet led to demonstrable progress. - Though NCDs to be included as targets in the finalized Sustainable Development Goals (SDG), palliative care indicators unlikley to be included.	**Concept remains relevant, needs to adjust strategy to reflect lack of global traction:** - Palliative care organizations in countries could benefit from working with other health rights organizations to ensure palliative care is reflected in SDG implementation plans, and linked to work on enhancing accountability and monitoring for the realization of the right to palliative care.
2.5	**People with mental disabilities de-institutionalized in Croatia, Bosnia-Herzegovina**	Health & Rights : Independent Living & Community Participation : Health Law & Equality Health & Rights : Independent Living & Community Participation : Support to the Field	- Work in Bosnia cut short by the lack of genuine political will and limited capacity of OSF's partners to promote sustainable community-based models and advocate for systemic reform towards deinstitutionalization. - Work in Croatia very succeful though not yet completed. Deinstitutionalization in Croatia has gradually shifted from being a concept to support to the field, with several institutions approaching OSF for support in their own transformation to community-based services. - In Romania, investment in models of community based services and policy based advocacy have led to increased opportunities for systemic reform.	**Issues remain relevant, work will continue with necessary adjustment / be transferred to support to the the field where relevant:** - Croatia work now primarily driven by grantees and has moved to support to the field; - Plans to hone in on Romania where traction seems highest, and increase assistance and advocacy at EU and national level to support Romania to implement genuine deinstitutionalization.

Goal 3 – THE POWER PROCESS To galvanize participation in decision-making processes affecting health, and to change dominant narratives and transform power dynamics that shape health-related policy and implementation.				
	2013 Illustrative Concept	**New Categor(ies) of Work**	**Key contextual developments & progresses to date**	**Next steps**
3.1	**Social accountability and access to justice approaches combined in three countries**	Health & Rights : Governance of Health : Health Law & Equality	- Work is underway to test the integration of the two concepts in Guatemala and Macedonia, with one partner in Guatemala (CEGSS) already implementing both approaches (and the integration thereof). Macedonia continues to be an important laboratory for this work, due to the multiplicity of actors with whom we can test it, including HERA and KHAM, as opposed to any lessons which can be gleaned from a single organization in a country (CEGSS). - Convening in 2014 allowed for engagement with other OSF entities and key external strategic partners, including FOSM, OSIEA,OSJI, Namati and COPASAH.	**Concept remains relevant, will be continued with necessary adjustments:** - Concept will not be tested in Kenya, but Uganda and India remain possibilities for the third country focus, while the targeted populations have been refined to focus on Roma, indigenous people, and rural communities; - Further engagement with Transparency and Accountability Initiative, World Bank, GPSA, and UNDP will be pursued through dissemination of initial publications on the work, and strategic engagement in the next two years.
3.2	**Civil society engagement with decentralized governance mechanisms modeled and replicated**	Health & Rights : Governance of Health : Access & Accountability	- COPASAH has recognized the complementary relationship between social accountability and participatory decentralization, and some of its members have begun working with this perspective in their respective areas. - Community-based monitoring has been successful in highlighting deficiencies in functioning of health service delivery, but more needs to be done on the community-based planning process as the two are mutually re-inforcing and cannot be carried in isolation.	**Concept remains relevant, will be continued with necessary adjustments:** - TARSC, SATHI and CEGSS, which are part of COPASAH, to be added as important resource organisations for this work; - Will consider India as an additional source of experience in people's centered health governance to inform this concept; - Plan in 2015-16 to deepen understanding of and engagement with local level planning bodies.
3.3	**Participatory coordination mechanism for health aid established in Burma**	Health & Rights : Ethnicity & Health Equality : Access & Accountability	- Little traction among civil society partners, MOH, or donors on aid coordination; change in leadership at MOH made success even more remote; - Possibly more meaningful opportunities simultaneously emerged in harm reduction and mental health in Burma.	**End concept in 2015, acknowledging no traction**

3.4	**Advancing public interest-driven pharmaceutical innovation efforts in Brazil, EU, India**	Health & Rights : Open Medical Innovation : Access & Accountability	- Increasingly excessive pricing of new medicines has started a debate about the medicines R&D model. While critical medical needs remain unmet (e.g. Antibiotics; Ebola teatment and vaccine), the majority of new medicines developed are not adding therapeutic value. The few new drugs that do represent breakthroughs are priced out of reach for most, except the wealthy and well insured. While previously mostly an issue for people in low- and middle-income countries, the economic crisis and austerity policies in Europe have exposed unaffordable medicines as a systemic failure of the current medical innovation model. In the US as well, excessive medicine pricing is being felt as health insurance companies increase co-pays or ration coverage. - There continues to be insufficient thought leadership outside the small world of access to medicines activists, in particular from academic groups interested in the socio-economic dimensions of innovation, including scientific, technological and industrial policy making.	**Concept remains relevant, will be continued with necessary adjustments:** - Plans under development to use the opportunity created by excessive pricing to influence the discourse on the need for a new medical innovation model; - Will redouble efforts to broaden the field of actors interested in open medical innovation (e.g. seeding academic interest in the economics and industrial policy options for medical innovation in collaboration with I-NET, or attracting the New Economics Foundation to integrate health and medicines in their perspective) - Need to press ahead with concrete project ideas (e.g. with McGill University on a Rockefeller Foundation-supported Bellagio conference on open source TB drug discovery and development in India; DNDi on drug combinations for hepatitis C). - It is expected that the expansion of PHP's work in India, in collaboration with the India Program, will create new opportunities to move this concept forward.
3.5	**Dominant narratives on sex workers, Roma, people who use drugs, and people in need of essential medicines altered**	Health & Rights : Media & Narratives Health & Rights : Ethnicity & Health Equality : Media & Narratives Health & Rights : Harm Reduction : Media & Narratives Health & Rights : Open Medical Innovation : Media & Narratives Health & Rights : Sexual & Reproductive Health & Rights : Media & Narratives	- PHP grantees increasingly facing hostility from large segments of the general public, or resistance from powerful interest groups, creating challenges and opportunities in supporting them to confront conservative and prejudiced narratives. - Examples include: (1) South African sex workers are winning over important constituencies but need creative approaches to make decriminalization more likely in the face of resistance from some women's and Christian groups; (2) in Eastern and Central Europe, work has begun with medical professionals to change attitudes towards Roma in medical settings with the view that it would help reduce disriminations and abuses; (3) In Eastern Europe and Eastern Africa, work on harm reduction is frustrated by widespread beliefs about the need to punish drug users through criminal measures, creating a need to elevate stories from the ground that highlight the problems with such approaches and their heavy cost in human lives (e.g. deaths of drug users in Crimea where methadone was outlawed after the invasion by Russia).	**Concept remains relevant and has just been fully developed, will be continued:** -As a complement to traditional approaches to transforming institutions such as advocacy and legal challenges, this concept will challenge and destabilize the underlying assumptions that grant existing institutional arrangements their legitimacy. This has to be done at a cultural level, making use of the strategies of creative activists, as well as recent insights from fields such as social psychology and cognitive science; - Concept will deploy a range of tools and approaches such as storytelling, creative activism, narrative medicine. and research into language and framing to challenge attitudes, preconceptions and assumptions and transform the manner in which the populations/issues PHP cares about are perceived and talked about, in a way that will facilitate rather that frustrate the realization of their health rights.

Goal 4 – THE FUNDING ENVIRONMENT To mobilize resources and leverage existing funds to advance health and human rights, with a focus on socially excluded groups.				
	2013 Illustrative Concept	**New Categor(ies) of Work**	**Key contextual developments & progresses to date**	**Next steps**
4.1	**Global Fund support to human rights increased**	Health & Rights : Governance of Health : Global Financing	- As anticipated, Global Fund has dramatically pivoted away from middle-income countries, in which concentrated epidemics affect many of the populations on which PHP focuses and where governments continue to be uncommitted to the wellbeing of these populations and refuse to support programs for them (e.g. Russia, Romania). - Although inclusion of human rights as a core strategic priority for the Global Fund was an important achievement for which PHP can claim considerable credit, translating the promise of the policy into increased funding for health and human rights on the ground remains a challenge. In the next period, only $15 million has been specifically allocated to "community, rights and gender" issues, of which human rights is a core component. - US President's Emergency Plan for AIDS Relief (PEPFAR) has adopted a new human rights strategy that it has resourced and staffed. This might become a major source of support for certain kinds of rights interventions.	**Concept remains relevant, but strategy needs to be adjusted to reflect changes at the Global Fund and withdrawal from MIC:** - Monitor and document impact of cuts and increases in medicine prices in middle income countries, and support groups in countries of PHP interest to press for greater spending on human rights and programming for key affected populations through country dialogues and other entry-points; - Broaden ifocus on shaping the trends of large donors beyond a singular focus on the Global Fund to Fight AIDS, TB and Malaria, seeking to capitalize on new commitments to human rights at PEPFAR and looking more holistically at the donor landscape.
4.2	**EU Structural Funds invested in inclusion of people with disabilities and Roma**	Health & Rights : Ethnicity & Health Equality : Health Law & Equality Health & Rights : Independent Living & Community Participation : Health Law & Equality	- Structural Funds regulations for people with disabilities adopted with clear provisions for transition to community care. - Stakeholder mapping currently underway to refresh the Roma component of this portfolio.	**Concept remains relevant, will be continued with necessary adjustments:** - With strong conditionalities having been apdopted, need to press and support effective monitoring at the EU level, so that member states do not continue to invest in institutions while calling them community services. - Advocacy plans for EUSF for Roma likely to continue pushing for EUSF for Roma Health Scholarship Program, Roma health mediators, and community monitoring for Roma health.
4.3	**Innovative financing mechanisms for health and rights developed**	Health & Rights : Governance of Health : Global Financing	- Following 2013 "enhanced cooperation agreement" to move forward with implementing a Financial Transactions Tax in the Eurozone. 10 countries including Germany, France, Italy, and Spain are currently negotiating the parameters for the introduction of an FTT that when approved, has the potential to raise more than 10 billion euros per year. On the current timeline, FTT-derived funds are expected to come in by January 2016. - Increasing visibility and attention to the Robin Hood Tax Campaign in Europe has also meant that a number of other issues beyond health and development (climate change; job creation; debt reduction) are being put forward as worthy endeavors for any eventual FTT-derived funds.	**Concept remains relevant, will be continued with necessary adjustments:** - Important to see the Robin Hood Tax campaign in favor of a financial transactions tax through to its expected outcome; - At that point, may shift to assessing ethical and human rights implications of new innovative financing ideas (e.g. loans from pharmaceutical companies to pay for expensive medicines), rather than funding campaigns in favor of specific financial mechanisms.

4.4	**New private philanthropic resources shored up for health-related social inclusion and accountability work**	Health & Rights : Global Financing	- PHP engagement with/membership on boards of various health financing mechanisms and donor affinity groups has increased (e.g. Funders Concerned About AIDS) - Long-standing relationships remain with like-minded foundations such as the Levi-Strauss Foundation and M.A.C. AIDS Fund, who over the years have increased their support of PHP priority issues such as harm reduction, and to whom we have successfully referred our grantees for increased support.	**Concept remains relevant, but will need to be revisited in the face of lessons learned:** - One of the next frontiers in leveraging the support of other private donor will involve building connections with foundations whose strategic areas may overlap with ours but who have not traditionally focused on HIV or health; - PHP has embarked on a learning exercise to try and tease out what has worked to date and which strategies to use with foundations under what circumstances (e.g. convening of donors to discuss a particular unresourced field; introdcution of grantees to particular donors; one-on-one pairing of grantee/potential donor; consultants to support grantee's fund levereging efforts etc.)
4.5	**National resources increased for harm reduction and palliative care in priority countries**	Health & Rights : Harm Reduction : Access & Accountability Health & Rights : Palliative Care : Access & Accountability	- Retreat of Global Fund from MICs has left an enormous gap in funding for essential services for key populations (especially harm reduction for key populations in EECA, e.g. Ukraine) - Work on costing and national funding for palliative care was not prioritized in the wind-down of the former palliative care strategy so still needs to be developed.	**Issues remains relevant, though concept will need to be revisited:** - New GFATM strategy prioritizes increases in “counterpart financing” (meaning national investments), which might be an opportunity to influence development of national transition plans to hand-over fiscal responsibilities for harm reduction programs in a politically and financially sound manner. - Countries where human rights investigations of denial of palliative care have taken place may be ripe for this concept in addition to field support.